

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

 MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

## PLACE OF DEATH

County \_\_\_\_\_

Township \_\_\_\_\_

or

Village \_\_\_\_\_

or

City \_\_\_\_\_

Registration District No. \_\_\_\_\_

791

File No. \_\_\_\_\_

7528

Primary Registration District No. \_\_\_\_\_

1003

Registered No. \_\_\_\_\_

1891

(NO. 5005 Kensington Ave St. 28 Ward)

 (If death occurred in a  
 hospital or institution,  
 give its NAME instead  
 of street and number)

FULL NAME

Jessie Evelyn Roberts

## PERSONAL AND STATISTICAL PARTICULARS.

SEX Female	COLOR OR RACE white	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Single
DATE OF BIRTH August - 10 <sup>th</sup> 1886 (Month) (Day) (Year)		
AGE 45 yrs. 6 mos. 14 ds.		IF LESS than 1 day, ____ hrs. or ____ min.?

OCCUPATION  
(a) Trade, profession, or  
particular kind of work

Clerk

(b) General nature of industry,  
business, or establishment in  
which employed (or employer)

Advertising

BIRTHPLACE

(City or town,  
State or foreign country)

Monticello Mo

PARENTS

NAME OF  
FATHER

B. F. Roberts

BIRTHPLACE  
OF FATHER  
(City or town, State or foreign country)

Kentucky

MAIDEN NAME  
OF MOTHER

Sarah K. Keiper

BIRTHPLACE  
OF MOTHER  
(City or town, State or foreign country)

Monticello Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mamie H. Roberts

(ADDRESS)

5005 Kensington Ave  
St. Louis Mo.

Filed

25 1912

Max C. Starkloff

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

February 24, 1912  
(Month) (Day) (Year)
 I HEREBY CERTIFY, that I attended deceased from  
 Jan 12, 1909, to Feb 24, 1912,  
 that I last saw her alive on Feb 24, 1912,  
 and that death occurred, on the date stated above, at 9:45 a.m.

The CAUSE OF DEATH\* was as follows:

 92A  
 Valvular Heart Disease  
 with dilatation of heart  
 (Duration) 3 yrs. + mos. ds.

Contributory

Indigestion

(SECONDARY)

(Duration) yrs. mos. 15 ds.

(Signed)

M. F. Englehart M.D.

Feb 24, 1912

(Address) 217 East North Blvd  
St. Louis Mo.
 \*State the Disease Causing Death, or, in deaths from Violent Causes, State  
 (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR  
RECENT RESIDENTS)

At place of death \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. In the \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

Where was disease contracted  
if not at place of death?Former or  
usual residence

PLACE OF BURIAL OR REMOVAL

Monticello Mo

DATE OF BURIAL

Feb 25, 1912

UNDERTAKER

Cullinan Bros

ADDRESS

1710 N. Franklin

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health  
Association]

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sar-*

*coma*, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile" etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

